

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	GEOGRAPHIC AREA MULTIPLE SERVICE CARD SYSTEM																						
Application Number :																							
Date :																							
First Named Applicant:		Perry A. Cohagan																					
Attorney Docket Number:		60655.8000																					
<b>TOTAL FEE AUTHORIZED \$ 960</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770				Subtotal For Basic Filing Fees: \$ 770								
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EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 21</td><td>1</td><td>1202</td><td>18</td><td>18</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>1201</td><td>86</td><td>172</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 190</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 21	1	1202	18	18	Independent Claims : 5	2	1201	86	172				Subtotal For Extra Claims Fees: \$ 190	
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<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							
Deposit account number:		192814																					
Access Code		****																					
Deposit name:		Snell and Wilmer, LLP																					
Deposit authorized name:		Howard I. Sobelman																					
Signature:		/HIS																					
Date (YYYYMMDD):		2004-03-12																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							